



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

August 27, 2013

Anthony Velasco
Afterburn Fitness Inc.
Afterburn Fitness
26007 Ave Hall
Valencia, CA 91355

HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC BUSINESS LICENSE ID #140183

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, September 11, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:08/22/2013
2ND PUBLISHING DATE:08/29/2013
3RD PUBLISHING DATE:09/05/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

HEALTH SPA/CLUB/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:26007 AVE HALL
.....VALENCIA, CA 91355
NAME OF APPLICANT:AFTERBURN FITNESS INC. /
.....ANTHONY VELASCO
.....AFTERBURN FITNESS
DATE OF HEARING:09/11/2013
TIME OF HEARING:09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26007 AVE HALL, VALENCIA, CA 91355**

TELEPHONE: **(661) 295-5876**

OWNER OF BUSINESS: **ANTHONY VELASCO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AFTERBURN FITNESS**

MAILING ADDRESS: **26007 AVE HALL, VALENCIA, CA 91355**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> ✓ 2. Risk Management	YES	08/14/13	dmiles
<input checked="" type="checkbox"/> ✓ 3. Building & Safety	YES	04/10/13	dmiles
<input checked="" type="checkbox"/> ✓ 4. Fire Department	YES	04/22/13	dmiles
<input checked="" type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> ✓ 6. Treasurer & Tax Collector	YES	06/20/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> ✓ 9. Regional Planning Commission	YES	04/03/13	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> ✓ 11. Publishing	YES	08/22/13	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> ✓ 13. Sheriff Fingerprint	YES	04/23/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1,643.00
P/F 40
\$ 1,683.00

ID # 140183

BUSINESS INFORMATION

Type of Business: HEALTH CLUB / SPA	Address of Business: 26007 AVE HALL VALENCIA CA 91355	
	Business Telephone: 661 295 5876	
DBA (Business Name): AFTERBURN FITNESS	Mailing Address: - SAME -	
Sellers Permit # (State Board of Equalization): 102-026462		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 10-6-2010	Incorporated in the State of: CA	
Exact Corporate Name: AFTERBURN FITNESS INC.		
Names of Officers	Addresses	Titles
ANTHONY VELASCO		PRESIDENT

APPLICANT INFORMATION

Applicant's Full Name: ANTHONY ANTHONY VELASCO		
Home Address:		
Home Telephone:	Cell Phone:	Email address: Tony@AFTERBURNFITNESS.COM
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: 4
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height:	Hair Color: Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 4-1-13 Applicant's Signature:
Application taken by: Date: 4-1-13

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26007 AVE HALL, VALENCIA, CA 91355

TELEPHONE: (661) 295-5876

OWNER OF BUSINESS: AFTERBURN FITNESS INC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AFTERBURN FITNESS

MAILING ADDRESS: 26007 AVE HALL, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Kerry Fusa

DATE: 8/14/2013

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26007 AVE HALL, VALENCIA, CA 91355**

TELEPHONE: **(661) 295-5876**

OWNER OF BUSINESS: **AFTERBURN FITNESS INC**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AFTERBURN FITNESS**

MAILING ADDRESS: **26007 AVE HALL, VALENCIA, CA 91355**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*No issues, recommend
approval.*

SIGNATURE:

Deanna Hamrick

DATE:

4/9/13

BASIC LICENSE NO. **8436**

DATE **04/02/13**

IDENTIFICATION NUMBER **140183**

Apr-22-2013 01:34pm From-LACOFD FIRE MARSHAL
APR/18/2013/THU 11:20 AM

3238804055
FAX No. 858-546-3741

T-496 P.004/005 F-417
P.002/002

Apr-05-2013 02:10pm From-LACOFD FIRE MARSHAL

3238804055

T-496 P.006/010 F-970

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26007 AVE HALL, VALENCIA, CA 91355

TELEPHONE: (661) 295-5876

OWNER OF BUSINESS: AFTERBURN FITNESS INC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AFTERBURN FITNESS

MAILING ADDRESS: 26007 AVE HALL, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: BUSINESS WAS INSPECTED ON 4/08/2013
AND IS FOUND TO BE REASONABLY FIRE SAFE.

SIGNATURE:

Ernest D Lopez

DATE:

4/10/2013

LACOFD STATION 76

661-257-4144

BASIC LICENSE NO. 8436

DATE 04/02/13

IDENTIFICATION NUMBER 140183

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26007 AVE HALL, VALENCIA, CA 91355

TELEPHONE: (661) 295-5876

OWNER OF BUSINESS: ANTHONY VELASCO

CAL. DR. LIC.#: B9148488

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AFTERBURN FITNESS

MAILING ADDRESS: 26007 AVE HALL, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH**LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: Owner, Anthony Velasco stated he will
maintain less than 25 square feet of
prepackaged non potentially hazardous food.
Therefore no permit is required.

SIGNATURE: DATE: 9-6-2013

BASIC LICENSE NO. 8436

DATE 09/06/13

IDENTIFICATION NUMBER 140183

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26007 AVE HALL, VALENCIA, CA 91355**

TELEPHONE: **(661) 295-5876**

OWNER OF BUSINESS: **AFTERBURN FITNESS INC**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AFTERBURN FITNESS**

MAILING ADDRESS: **26007 AVE HALL, VALENCIA, CA 91355**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

6-20-13

BASIC LICENSE NO. **8436**

DATE **04/02/13**

IDENTIFICATION NUMBER **140183**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26007 AVE HALL, VALENCIA, CA 91355**

TELEPHONE: **(661) 295-5876**

OWNER OF BUSINESS: **AFTERBURN FITNESS INC**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTTIOUS NAME: **AFTERBURN FITNESS**

MAILING ADDRESS: **26007 AVE HALL, VALENCIA, CA 91355**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____ *John*

DATE: 4/2/13

ZONING REFERRAL

I.D. #: 140183

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355
FAX # (661) 945-3512

DATE: 4-1-13

TYPE OF BUSINESS(ES) HEALTH CLUB/SPA

ADDRESS OF BUSINESS 21007 AVE HALL

CITY Valencia ZIP CODE 91355

NAME OF OWNER ANTHONY VELASCO

"DBA" AFTERNOON FITNESS TEL. #: 661 295 5876

MAILING ADDRESS 21007 AVE HALL VALENCIA CA 91355

EXISTING USE YES () NO (✓)

USE PERMITTED IN ZONE Approved USE NOT PERMITTED IN ZONE
"APPROVED" "DENIED"

REMARKS


SIGNATURE OF ZONING OFFICER

4/1/13
DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

913-00580
✓ ANON

KIND OF BUSINESS: **HEALTH SPA/CLUB/SC**

ADDRESS OF BUSINESS: **26007 AVE HALL, VALENCIA, CA 91355**

TELEPHONE: **(661) 295-5876**

OWNER OF BUSINESS: **AFTERBURN FITNESS INC** ??

Velasco, Anthony

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AFTERBURN FITNESS**

MAILING ADDRESS: **26007 AVE HALL, VALENCIA, CA 91355**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

✓ **APPROVAL**

DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

UP 534470

DATE:

4/23/13

BASIC LICENSE NO. 8436

DATE 04/02/13

IDENTIFICATION NUMBER 140183

RB